

Rogers Activity Center

H.A.P.P.Y. Kids After School Program



Please Print:

Child's Name _____ Sex M F

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ School _____

Mother's Name _____ Home # _____ Cell # _____

Employment _____ Work # _____ Email _____

Father's Name _____ Home # _____ Cell # _____

Employment _____ Work # _____ Email _____

Emergency contacts:

(Emergency contact should be someone other than a parent/guardian in the event that we are unable to contact parents.)

Contact 1 _____ Relationship _____ Phone # _____

Contact 2 _____ Relationship _____ Phone # _____

Children may have the opportunity to be in photographs promoting the program. Do we have permission to photograph your child? YES NO

Persons authorized to pick up child (other than parents) – Staff will not release child to any person not on the list. To ensure the safety of your child, changes must be made in person. Phone notifications will not be accepted.

MEDICAL INFORMATION

We need to be aware of any special needs concerning your child's health and/or abilities to participate in the various activities of our program. Please be as thorough as possible so we can take care of your child to the best of our ability. **Please fill in all of the blanks.**

Doctor's Name: _____ Phone Number: _____

Permission to use doctor on duty? YES NO

Illness/Condition History:

Sun Sensitivity Yes____ No____ Seizures Yes____ No____ Diabetes Yes____ No____

ADD Yes____ No____ ADHD Yes____ No____ Food Allergies Yes____ No____

Medication Allergies Yes____ No____ Other: _____

If answered yes,
explain: _____

1. List any current medications being taken _____

2. Please list participant's level of ability if any limiting physical/mental conditions exist (i.e. spina bifida, cerebral palsy, behavior disorders, etc.) _____

3. Does the participant have any speech, hearing, or vision limitations? YES NO
If yes, please list and describe _____

I hereby give_____/do not give_____ the Director of the Rogers Activity Center or his/her appointed representative permission to give _____ Acetaminophen. I understand I will be notified that the medication has been administered.
(Child's Name)

I, _____, mother, father,
guardian (**circle one**)

of _____, do hereby give consent to the
(Child's Name)

Director of the Rogers Activity center, or his/her duly representative for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or his/her duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Permission for staff to apply sunscreen when needed? YES NO

Signature: _____ Date: _____

Please provide us with any additional information we need to take care of your child to the best of our ability

☒ **I acknowledge receipt of the Parent Handbook. I understand that it is my responsibility to read the parent handbook, and by signing this form, agree to abide by all the policies and procedures of the H.AP.P.Y. Kids After-School Program.**

Initial: _____

I agree to abide by the policies and procedures and the Rogers Activity Center Code of Conduct. I acknowledge the receipt of the H.A.P.P.Y. Kids Club After School Program Handbook, and affirm that I have reviewed and confirm the information herein. As a parent/guardian of H.A.P.P.Y. Kids After-school Program participant, I agree to adhere to the outlined policies and procedures set forth by the Rogers Activity Center Staff.

In consideration of acceptance of this entry, I waive any and all claims for damages which I might have against the Rogers Activity Center or its representatives as a result of any and all damages during any child care activity.

Parent's Signature _____ Date _____

The following information is requested to enhance our ability to secure funding that will allow our programs to stay affordable and accessible to all. Please take a few minutes to complete this information.

Child's Age: _____ M ____ F ____
Single Parent Household: YES NO FOSTER Child Lives with _____

Annual Household Income:

___ Less than \$19,999	___ \$20,000 to \$39,999	___ \$40,000 to \$59,999
___ \$60,000 to \$79,999	___ \$80,000 to \$99,999	___ \$100,000 to \$129,999
___ \$130,000 to \$149,999	___ \$150,000 +	

Ethnicity:

___ Caucasian/White	___ Latino
___ African American	___ Multi Racial
___ Asian/Pacific Islander	___ Arab American
___ Native American	___ Other

If this program was not available, what would your child do over the summer?

___ Stay home alone

___ Stay home with a babysitter or other family member

___ Attend a different program

___ Other _____

Has any other immediate family member ever participated in any Rogers Activity Center childcare opportunity?

___ Yes

___ No

Please take a moment to share the experience: _____

City of Residence:

___ Bentonville	___ Elkins
___ Bella Vista	___ Farmington
___ Decatur	___ Fayetteville
___ Gentry	___ Lincoln
___ Gravette	___ Prairie Grove
___ Lowell	___ Springdale
___ Pea Ridge	___ Tontitown
___ Rogers	___ West Fork
___ Siloam Springs	___ Other _____